

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

February 4, 2016

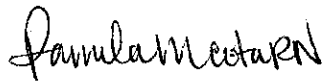
Ms. Ann Bouza, Manager
Equinox Terrace
324 Equinox Terrace Road
Manchester Center, VT 05255-9253

Dear Ms. Bouza:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 6, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



FEB 01 2016

PRINTED: 01/19/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2016
NAME OF PROVIDER OR SUPPLIER EQUINOX TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 EQUINOX TERRACE ROAD MANCHESTER CENTER, VT 05255		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and complaint investigation were completed by the Division of Licensing and Protection on 1/6/16. The following are the identified regulatory findings.	R100		
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the	R104		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RW, Executive Director

1/29/16

STATE FORM

6899

AW3911

If continuation sheet 1 of 6

R104 - R250 POCs accepted 2/11/16 mtg with RW/PME

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R104	<p>Continued From page 1</p> <p>ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that prior to or at the time of admission each resident and/or the resident's legal representative, is provided with a written admission agreement that includes the Assistive Community Care Services (ACCS), the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. Findings include:</p> <p>Per record review the Admission Agreement titled, "Single occupancy ACCS/Enhanced Residential Care (ERC) Residency Agreement Assisted Living" does not contain any information regarding ACCS services other than one sentence. That sentence states, "Equinox Terrace will bill the State for the ACCS/ERC payments for your stay." In an interview on 1/6/16 at 10:45 AM the Administrator stated that this was the admission agreement used for all new admissions. In a review of the admission agreements for the 9 sampled residents all files contained this admission agreement. In an additional interview at 3:10 PM on 1/6/16 the administrator confirmed there is no other agreement or addendum with the additional required language.</p>	R104	<p>THE ADMISSION AGREEMENT FOR ACCS/ERC HAS BEEN REVISED AND NOW INCLUDES: ASSISTIVE COMMUNITY CARE SERVICES (ACCS), THE SPECIFIC ROOM AND BOARD RATE, THE AMOUNT OF PERSONAL NEEDS ALLOWANCE AND EQUINOX TERRACE AGREEMENT TO ACCEPT ROOM AND BOARD AND MEDICAID AS SOLE PAYMENT. EACH ACCS/ERC RESIDENT WILL BE GIVEN AGREEMENT PRIOR OR AT TIME OF ADMISSION</p>	
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES	R126		1/26/16

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R126	Continued From page 3 the Clinical Coordinator (CC) stated that the MD has been notified in the past, of the increasing behaviors. S/he states that the resident is afraid of water and shower and bath time is difficult for R#2 S/he additionally stated that both psychiatric counseling and medications had been attempted in the past and discontinued at the family's request. S/he stated that no new interventions have been attempted and that the resident has always exhibited these behaviors. There has been no recent medical evaluation related to the behavior change.	R126		
R134 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that an assessment was completed within 14 days of admission for 2 of 9 residents reviewed, Residents #3 & #6. Findings include: Per record review Resident #3 was admitted on 7/5/2015 and the admission assessment was completed on 7/27/2015.	R134	AN ASSESSMENT WILL BE COMPLETED FOR EACH RESIDENT WITHIN 14 DAYS OF ADMISSION CONSISTENT WITH THE PHYSICIAN'S DIAGNOSIS AND ORDERS USING AN ASSESS- MENT PROVIDED BY THE LICENSING AGENCY. THE RESIDENT'S ABILITIES REGARDING MEDICATION MANAGEMENT SHALL BE ASSESSED WITHIN 24 HOURS OF NURSING DELEGATION IMPLEMENTED IF NECESSARY	1/27/16

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R126	<p>Continued From page 2</p> <p>5.5 General Care</p> <p>5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that necessary services were provided or arranged for Resident #2 (R#2) who had experienced an increase in behaviors. Findings include:</p> <p>Per record review, Nurses Notes written during the months prior to November 2015 noted episodes of combative behaviors throughout the day but most consistently in the late afternoon and evening. Beginning in November there are notes stating that the combative behaviors are increasing. It is noted that combativeness is reported on all shifts with nearly all care. This trend has continued until the present time with the notes describing more frequent and intense episodes of behavior. A note written in late November describes the resident stating that s/he is afraid of the Hoyer lift and becoming very anxious and agitated when being transferred.</p> <p>In an interview on 1/6/15 at 11:45 AM the Health Services Director (HSD) confirmed that the resident displays combative behaviors and stated that s/he is unaware what, if any, new measures have been taken to address the change/increase in behaviors. In an interview on 1/6 at 1:10 PM</p>	R126	<p>STAFF WILL PROVIDE SERVICES TO MEET THE RESIDENT'S PERSONAL PSYCHOSOCIAL, NURSING & MEDICAL CARE NEEDS. THIS WILL BE EVIDENCED BY THE CAREGIVING STAFF PROVIDING INFORMATION TO THE PRIMARY CARE PHYSICIAN REGARDING A RESIDENT'S STATUS INCLUDING ANY CHANGES EITHER MEDICAL, BEHAVIORAL OR PHYSICAL THAT MAY OCCUR DURING THEIR STAY AT EQUINOX TERRACE. THE CAREGIVING STAFF WILL ALSO INFORM ASSIGNED FAMILY MEMBERS, POA OR GUARDIAN OF THE RESIDENT, OF ANY CHANGES TO RESIDENT STATUS.</p> <p>STAFF WILL NOTE WHEN CONTACT WITH PCP OR POA HAS BEEN DONE AND WILL TAKE DIRECTIVE FROM PCP FOR A PLAN OF ACTION</p>	1/29/16	

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R134	Continued From page 4 Per record review Resident #6 was admitted on 6/29/2013 and the admission assessment was completed on 7/17/2013. In an interview on 1/6/2016 at 1:45 PM the HSD confirmed that there were no other admission assessments available for these residents.	R134		
R136 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that each resident was reassessed annually for 2 of 9 residents reviewed, Residents #5 & #6. Per record review Resident #5 was admitted on 9/24/2014 and a reassessment in the record contains no segments containing signatures that confirm completion of the assessment. Per record review Resident #6 was admitted on 6/29/2013 and the admission assessment was completed 7/17/2013. The next assessment present in the record is dated 11/24/2014 (4 months late) and another assessment dated 11/6/2015 is present in the records.	R136	EACH RESIDENT SHALL BE REASSESSED ANNUALLY AND AT ANY POINT IN WHICH THERE IS A CHANGE IN THE RESIDENT'S PHYSICAL OR MENTAL CONDITION	1/25/16

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R136	Continued From page 5 In an interview on 1/6/2016 at 1:15 PM the HSD confirmed that there were no other assessments available for this resident.	R136			
R250 SS=D	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to assure that damaged canned goods are not maintained on the premises. Findings include: Per observation on 1/6/2016 there were 2 dented food cans in the dry storage area in a review of 50% of various types of canned foods. The presence of the dented cans was confirmed by the cook on duty at 3 PM.	R250	THE USE OF OUTDATED, UNLABELED OR DAMAGED CANNED GOODS SHALL NOT BE MAINTAINED AT EQUINOX TERRACE ALL CANNED GOODS WILL BE INSPECTED FOLLOWING DELIVERY		1/27/16